

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

03 AUG 2006

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3	100		/			
4	100		/			
5	100		/			
6	100		/			
7	100		/			
8	100		/			
9	100		/			
10	100		/			
11	100		/			
12	100		/			
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14	100		/			
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50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	15	←	15	←		←
TOTAL CLAIMS	17		17			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						↓
TOTAL DEP.						←
TOTAL CLAIMS						←